HARRISON WALKER & HARPER 1887 BUILDERS · ENGINEERS | HWH GROUP | WE PACK LOGISTICS | RW 1856 RODGERS WADE | WeStow

APPLICATION FOR EMPLOYMENT

ALL APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS or any other protected group status. We are an EOE/AA.
Attention: If a question does not apply to you, answer it "NA" (Not Applicable). Failure to answer every question may cause your application to be rejected.

NAME _____ SOC. SEC. NO. _____ - _____ - _____
Last First Middle

ADDRESS _____ PHONE (_____) _____ - _____
Street City State Zip

Position(s) applied for _____ Salary expected $_____

Are you at least 18 years of age? *YES* ☐ *NO* ☐

Will you accept night or shift work? *YES* ☐ *NO* ☐

Do you have dependable transportation? *YES* ☐ *NO* ☐

Have you previously worked for We Pack, HWH, We Stow or Rodgers Wade? *YES* ☐ *NO* ☐

If yes, were you employed through a temporary agency? *YES* ☐ *NO* ☐

When? _____

Have you ever been convicted of a felony? *YES* ☐ *NO* ☐

If yes, please give details. You are not automatically disqualified.
_____

Do you have a relative or member of your household employed by any of our companies? *YES* ☐ *NO* ☐
If yes, name and company. Name: _____
Company: _____

EDUCATION

School	Name / Address	Check Last Year Completed				Did You Graduate?		Course / Major
High School		9 ☐	10 ☐	11 ☐	12 ☐	Yes ☐	No ☐	
College		1 ☐	2 ☐	3 ☐	4 ☐	Yes ☐	No ☐	
Graduate School		1 ☐	2 ☐	3 ☐	4 ☐	Yes ☐	No ☐	
Trade, Military or Other		1 ☐	2 ☐	3 ☐	4 ☐	Yes ☐	No ☐	

MILITARY

Were you in the U.S. Armed Forces? *YES* ☐ *NO* ☐	If yes, what branch?
Describe related military training.	Rank at discharge

HARRISON WALKER & HARPER 1887 BUILDERS · ENGINEERS | HWH GROUP | WE PACK LOGISTICS | RW 1856 RODGERS WADE | WeStow

TRAINING/SKILLS

Please indicate if any of the following skills or training apply to you:

Skill/Training	Yes	Skill/Training	Yes	Skill/Training	Yes
Accountant	☐	Driver	☐	Payroll	☐
Accounts Payable	☐	Drywall Worker	☐	Pipefitter	☐
Accounts Receivable	☐	Electrician	☐	Plumber	☐
Analyst	☐	Engineer	☐	Production Worker	☐
Architect	☐	Estimator	☐	Project Manager	☐
Assistant	☐	Foreman	☐	Purchaser	☐
Benefits	☐	Forklift Driver	☐	Quality Control	☐
Bookkeeper	☐	Heavy Equipment Operator	☐	Roofer	☐
Bricklayer	☐	Human Resources	☐	Safety	☐
Cabinet Assembler	☐	Inspector	☐	Sales	☐
CAD Operator	☐	Iron Worker	☐	Sheet Metal Worker	☐
Carpenter	☐	Janitor	☐	Staffing	☐
Computer Tech	☐	Laborer	☐	Superintendent	☐
Concrete Worker	☐	Machine Operator	☐	Utility Worker	☐
Controller	☐	Marketing	☐	Warehouse Worker	☐
Customer Service Rep	☐	Mechanic	☐	Welder	☐
Designer	☐	Packer	☐	Worker's Comp.	☐
Draftsman	☐	Painter	☐		

Please list any certifications or licenses you hold:

Certification/License	Issuing Authority	Expiration Date

Please tell us how you heard about our companies:

Newspaper	
Paris Newspaper	
Chamber	
Employee Referral	
Internet	
Employment Agency	
Sign	
Phone Book	
Walk-In	
Job Fair	
Client	
Other	

HARRISON WALKER & HARPER 1887 BUILDERS · ENGINEERS | HWH GROUP | WE PACK LOGISTICS | RW 1856 RODGERS WADE | WeStow

EMPLOYMENT HISTORY (LAST EMPLOYER FIRST)

Attach detailed explanation, if necessary, to outline any special experience obtained in any of these positions.

Dates – Mo/Yr	Name / Address / Phone # Of Former Employer	Kind Of Business	Position Held	Supervisor Name	Rate of Pay	Reason for Leaving	Do not contact
From _____ To _____							☐
From _____ To _____							☐
From _____ To _____							☐
From _____ To _____							☐

May we contact the employers listed above? *YES* ☐ *NO* ☐ (If not, please indicate those you do not wish us to contact:)

_____

_____

I understand that any unanswered questions on this application may cause this application to be rejected and that any false or misleading statements on this application may be cause for dismissal without notice.

I understand that the company reserves the right to verify all information contained in this application through the use of background checks or consumer reports, before or after an offer of employment.

I agree that all former employers or any other persons may furnish Harper Corporate Services, including any of its subsidiaries or related companies with all information regarding their record of my service, character, and reason for leaving. I hereby release such former employers and persons from all liability in providing such information.

I acknowledge that no promise regarding employment has been made to me. I understand that an offer of employment does not constitute a contract, and that if I become employed that I have the right to terminate my employment at any time, and that the company has a similar right.

I understand that any potential employment offer is contingent upon passing a drug test and the verification of my right to work in the United States. Furthermore, I understand and agree that periodic and random drug screenings may be performed during any period of employment and that failure to pass such drug screening could result in immediate termination.

If I become employed, I agree to abide by all the rules of the company and will obey the orders and instructions of my supervisors. I will use and wear all safety appliances furnished me by the company and will be careful in my work and not expose myself or fellow workers to unnecessary dangers.

_____ _____

Signature of Applicant Date

Consent & Disclosure for Release of Information

This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes.

By signing the release below, I hereby authorize Harper Corporate Services, including any and all of its subsidiaries or related companies, to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, federal courts, and military services to obtain information about me. I also authorize any such agency to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records to Harper Corporate Services, including any and all of its subsidiaries or related companies.

I release from all liability all persons, companies, schools or agencies supplying such information. I indemnify Harper Corporate Services, including any and all of its subsidiaries or related companies, against any liability which may result from making such requests. This release shall remain in effect for the length of my employment. I understand that I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I may be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct. I fully understand the terms of this release.

Full Name (Printed): _____

Other names used: _____

Address: _____

City/State/Zip: _____

Social Security #: _____

Date of Birth: _____

Driver's License Number & State: _____

_____ _____

Signature of Applicant **Date**

EQUAL EMPLOYMENT OPPORTUNITY (EE0)
SELF-IDENTIFICATION FORM

As employers subject to certain governmental recordkeeping and reporting requirements, we invite applicants to voluntarily self-identify their gender and race or ethnicity. Submission of this information is voluntary and refusal to provide it will not jeopardize or adversely affect any consideration you may receive for employment. This information will be kept confidential and may only be used in accordance with the provisions of applicable laws and regulations including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

Gender: ☐ Male ☐ Female ☐ Decline to Self Identify

Race/Ethnic Identification:

☐ **Hispanic or Latino –** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

☐ **White (Not Hispanic or Latino) –** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino) –** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) –** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino) –** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino) –** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino) –** All persons who identify with more than one of the above five races.

☐ Decline self-identification

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

_____ _____

Your Name Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

---

[i] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

INVITATION TO APPLICANTS
VOLUNTARY REQUEST TO SELF-IDENTIFY AS PROTECTED VETERAN

The Company is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA), which requires government contractors to take affirmative action to recruit, employ, and advance in employment certain categories of veterans. These categories of protected veterans include Disabled Veterans, Active Duty Wartime or Campaign Badge Veterans, Armed Forces Service Medal Veterans, and Recently Separated Veterans, which are defined below. As a government contractor subject to VEVRAA, we are required to solicit this information from our applicants, and your response will assist us in measuring the effectiveness of our outreach and positive recruitment efforts. We also maintain an affirmative action plan for protected veterans, designed to ensure that we recruit, hire, train, and promote all persons in all job titles, and ensure that all other personnel actions are administered, without regard to protected veteran status.

Submission of this information is voluntary. Refusal to provide a response will not subject you to any adverse treatment. Responses will be kept confidential and will not be used in any manner that is inconsistent with VEVRAA.

The term "**Disabled Veteran**" is defined as a (1) veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.

The term "**Active Duty Wartime or Campaign Badge Veteran**" means any veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

The term "**Armed Forces Service Medal Veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded.

The term "**Recently Separated Veteran**" is defined as any veteran discharged or released from active duty in the past three years.

If you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below and providing the organization through which you learned of the job opening(s) for which you have applied.

___ I identify as one or more of the categories of protected veterans listed above.

___ I am not a protected veteran, or I choose not to disclose my protected veteran status.

Recruitment/Referral Source _____

Print Name: _____ Date: _____